



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

PAST DUE

2015 NOV 19 A 10:26

Application to Renew Flammables License

MIKMEG CORP.
57 WARREN STREET
SOMERVILLE MA 02143

License #: BL15-000958
File #: 15-758
Fee: 550

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: MIKMEG CORP. Business Location: 57 WARREN ST Business Phone: 617-492-9028	SOMERVILLE GAS + SERVICE, INC
License Holder: MIKMEG CORP. 57 WARREN STREET SOMERVILLE MA 02143	SOMERVILLE GAS + SERVICE, INC
Mailing Address: MIKMEG CORP. 57 WARREN STREET SOMERVILLE MA 02143	SOMERVILLE GAS + SERVICE 21 EDMUNDS WAY BELMONT, MA 02478
Business Type: Corporation MICHAEL MCCOOL MICHAEL MCCOOL MICHAEL MCCOOL	CORPORATION CHARLES J. UGLIETTO CHARLES J. UGLIETTO + CHARLES J. UGLIETTO
FID: 043462365	46-5676469
Emergency Contact: MICHAEL MCCOOL Phone:	CHARLES J. UGLIETTO 617-549-0025
# of Gallons of Flammables to be Stored: 18000 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	→ GASOLINE → M-F 6AM TO 7PM SAT 7AM - 4PM SUNDAY - CLOSED

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____

Charles J. Uglietto

Date: _____

11/12/15

Printed Name: _____

CHARLES J. UGLIETTO

Phone: _____

617-549-0025



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE GAS + SERVICE, INC.

Address of taxpayer/applicant's business in Somerville: 57 WARREN ST. - 16 MEDFORD ST

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-492-9028 evening: 617-549-0025

I, (print name) CHARLES J. UGLIETTO, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 15 day of November, 20 15. Charles J. Uglietto
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:


☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

10029 # 124001001 # 802 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:


UB
11-19-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: SOMERVILLE GAS + SERVICE, INC
Address: 57 WARREN ST.
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-492-9028

- ☒ I am an employer with 3 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other GASOLINE + Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Fire Insurance
Address: 175 BERKELEY STREET
City: BOSTON State: MA Zip: 02116 Phone #: 1-800-837-5254
Policy #: WCA-315-333642-335 Expiration Date: 01-01-2016

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Charles J. Uglietto Date: 11/15/15
Print Name: CHARLES J. UGLIETTO

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/12/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MINUTEMAN INS AGCY
 ONE BURLINGTON WOODS DRIVE
 BURLINGTON, MA 01803

CONTACT

NAME:

PHONE:

(A/C No. Ext):

FAX:

(A/C No.):

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Mutual Fire Insurance

33800

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
 GENESIS CONSOLIDATED SERVICES INC
 ONE BURLINGTON WOODS DRIVE SUITE 203
 BURLINGTON MA 01803

COVERAGES

CERTIFICATE NUMBER: 22626529

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WC2-31S-333642-335	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers compensation insurance coverage applies only to the workers compensation laws of the state of MA. This certificate cancels and supersedes all previously issued certificates, only as they relate to workers' compensation coverage. COVERAGE APPLIES TO EMPLOYEES LEASED TO:
 CUBBY OIL CO INC - 20 MEDFORD STREET - SOMERVILLE MA 02143

CERTIFICATE HOLDER

CUBBY OIL CO., INC.
 20 MEDFORD STREET
 SOMERVILLE MA 02143

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Liberty Mutual Fire Insurance

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ACORD 25 (2014/01)

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CERT NO.: 22626529 CLIENT CODE: 1333642-229 Lucy Garfield 12/12/2014 9:05:55 AM (EST) Page 1 of 1

12/12/2014 7:23AM (GMT-06:00)